

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

APPLICATION NO. 09 83623 FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	2						53			
4	6						54			
5	6						55			
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47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1									
TOTAL DEP.	10	↔	↔	↔						
TOTAL CLAIMS	11	SEARCHED	SEARCHED	SEARCHED						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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